

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **1067 6731**
APPLICANT(S)

FILING DATE **07-10-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1	1				
3		1				
4		2				
5		2				
6		2				
7		2				
8		1				
9		1				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	38					
TOTAL CLAIMS	121					

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